

# ASC Newsletter

July 2004



Indiana State  
Department of Health

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## ASC Licensure Application and Survey Update

In July 2004, there were 121 licensed ASCs in Indiana.

Fifteen percent of the ASCs (19) received accreditation by the AAAHC that is deemed to meet CMS Conditions of Coverage. At the time of their annual survey, the ASCs can forward a copy of the AAAHC and request to accept that survey in lieu of a state survey.

With final approval of the ASC rule, ISDH notified half of the ASCs in Indiana to complete the new application form (State Form 9340). The most frequent question was in response to Question F of the application, asking ASCs to provide a count of the number of operating rooms by Class A, Class B, or Class C. The definitions of these terms are:

1. Class A –Provides for minor surgical procedures performed under topical and local infiltration blocks with or without oral or intramuscular preoperative sedation. Excluded and appropriate for Class B and C facilities are spinal, epidural, axillary, stellate ganglion blocks, regional blocks, supraclavicular, infraclavicular, and intravenous regional anesthesia.
2. Class B –Provides for minor or major surgical procedures in conjunction with oral, parenteral or intravenous sedation or under analgesic or dissociate drugs.
3. Class C –Provides for major surgical procedures that require general or regional block anesthesia and support vital bodily functions.

(American Institute of Architects. 2001 Guidelines)

Copies of the new application form and the final ASC fee rule can be found on the ISDH Web site at <http://www.state.in.us/icpr/webfile/formsdiv/09340.pdf> and <http://www.in.gov/legislative/register/Vol27/09Jun/02F414030277.PDF> respectively.

## Surgical Procedure Reporting

Based on prior quarterly reporting, the 2003 ASC Report is now posted at <http://www.in.gov/isdh/regsvcs/acc/asc/2003.htm>. This report shows that physicians, dentists, and podiatrists performed 444,368 procedures on 339,410 patients in ASCs in 2003. Based on similar statistics from the Indiana Hospital & Health Association, the ASC volume represented five percent of all outpatient surgery performed in Indiana.

This mailing includes a copy of the directions and diskette for the 3<sup>rd</sup> Quarter 2004 results. It is hoped that ISDH can replace the quarterly reporting system with an annual report, beginning in 2005.

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## Changes in Cancer Registry Reporting

The state law on reporting to the State Cancer Registry (IC 16-38-2) was amended in 2004 (Senate Enrolled Act 188/Public Law 17) to include the following changes:

- ♦ Added ambulatory surgery centers and other health facilities to the list of entities that must report specified tumors to the state cancer registry;
- ♦ Added nonmalignant brain and other central nervous system tumors diagnosed 2004 or later as reportable diagnoses (tumors required to be reported by federal law);
- ♦ Changed the date state cancer registry must make an annual report available to the public from July 1 to December 31 for data collected the previous calendar year.

The Indiana State Cancer Registry requests that data on all cancer cases diagnosed or treated in 2003 or earlier be reported. Cases are due at the state registry six months after diagnosis. If you need a manual on how cases should be reported, please contact Marsha Lundy, secretary, at (317) 233-7158 or [mlundy@isdh.state.in.us](mailto:mlundy@isdh.state.in.us).

## 37 Years of Phacoemulsification

In 1967, Charles Kelman, M.D., first devised a way to use a vibrating ultrasonic tip to break up a cataract that affect vision and suction it out with a small needle. The idea for phacoemulsification came to Dr. Kelman in his dentist's office as he was having his teeth cleaned with an ultrasonic device. Dr. Kelman died in April 2004 at the age of 74 years.

## Regulatory News

Centers for Medicare and Medicaid Services have updated guidance to state government surveyors known as the state operation manual (SOM). Each manual reviews the conditions of participation, standards and expected survey procedures that each state surveyor should use in reviewing federal standards. The 20 page SOM for ambulatory surgical centers can be found at [http://www.cms.hhs.gov/manuals/107\\_som/som107ap\\_1\\_ambulatory.pdf](http://www.cms.hhs.gov/manuals/107_som/som107ap_1_ambulatory.pdf)

### Telephone Directory by Topic

#### **ASC Program & Procedure Changes**

**Ann Hamel**  
**317.233.7487**

**Plan Review**  
**Wes Anderson**  
**317.233.7882**

**Data Reporting**  
**Tom Reed**  
**317.233.7541**

### **ASC Information on ISDH Web Site**

- ♦ Directory (with quarterly updates)
- ♦ Laws/Rules/Regulations (USA & IN)
- ♦ ASC Licensing Form
- ♦ Surgical Report
- ♦ Links to QA organizations

[www.in.gov/isdh/regsvcs/providers/](http://www.in.gov/isdh/regsvcs/providers/)

### **The ASC Newsletter**

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2 North Meridian Street  
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46204-3006

**Gregory A. Wilson, MD**  
*State Health Commissioner*

**Elizabeth Carroll, MD**  
*Deputy State Health Commissioner*

**Terry Whitson, JD**  
*Assistant Commissioner  
Health Care Regulatory Services*

**Mary Azbill, MT**  
*Director of Acute Care*

**Ann Hamel, RN**  
*Program Director*

**Sherry Douglas**  
*Layout Design*